

# 2<sup>nd</sup> Annual Report

1 October, 2001 – 30 September, 2002

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Child Survival XVI Project  
Carrefour, Port-au-Prince, Haiti

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Submitted to:  
**United States Agency for International Development**  
and  
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## ACRONYMS

|               |  |
|---------------|--|
| <b>ADRA</b>   | Adventist Development and Relief Agency                |
| <b>AH</b>     | Adventist Hospital                                     |
| <b>AI</b>     | Appreciative Inquiry                                   |
| <b>AIDS</b>   | Acquired Immunodeficiency Syndrome                     |
| <b>ARI</b>    | Acute Respiratory Infection                            |
| <b>ASDEKA</b> | Association de Santé et de Développement de Carrefour  |
| <b>CHA</b>    | Community Health Association                           |
| <b>CS</b>     | Child Survival   |
| <b>CSCF</b>   | Civil Society Challenge Fund                           |
| <b>DFID</b>   | Department For International Development (British AID) |
| <b>FOSREF</b> |  |
| <b>FP</b>     | Family Planning  |
| <b>HA</b>     | Health Agent   |
| <b>HHF</b>    | Haitian Health Foundation                              |
| <b>HIS</b>    | Health Information System                              |
| <b>HIV</b>    | Human Immunodeficiency Virus                           |
| <b>ORS</b>    | Oral Rehydration Salts                                 |
| <b>ORT</b>    | Oral Rehydration Therapy                               |
| <b>PSI</b>    | Program of Health Information                          |
| <b>RH</b>     | Reproductive Health                                    |
| <b>SO</b>     | Strategic Objective                                    |
| <b>STI</b>    | Sexually Transmitted Infection                         |
| <b>TBA</b>    | Traditional Birth Attendant                            |
| <b>TT</b>     | Tetanus toxoid   |
| <b>USAID</b>  | United States Agency for International Development     |
| <b>WRA</b>    | Women of Reproductive Age                              |

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### Attachments

- A. List of ASDECA Members**
- B. ASDECA Work Plan**

## I. PROJECT SUMMARY SHEET

**Purpose (SO) #1a-e:** Community health status improved. The objectives/outputs of this purpose primarily deal with specific health indicators that require KPC survey analysis. ADRA Haiti's HIS is capable of generating some of this information but this is not the focus of this report.

**Purpose (SO) #2:** Communities are active in identifying and advocating for their own health needs.

| Objectives  | Achievements                                   | Comments on Progress   | Rating <sup>1</sup> | Main lessons learned/ Recommendations <sup>2</sup>   |
|---|--|--|---------------------|--|
| <b>COMMUNITY ORGANIZATION – Strengthening Civil Society</b> |  |  |                     |  |
| Development of the health association (ASDECA)              | 1. ASDECA completed its strategic plan         |  | 2                   | The appreciative inquiry approach was useful in helping to develop a unified group.                    |
|   | 2. Promotion of ASDECA and numerical growth    | ASDECA grew from 9 to 27 members by the end of September 2002                                      | 2                   | Promotion for the association must be continued.   |
|   | 3. Progress made in many aspects of management | a. Lease of premises for an office   | 2                   | Provision must be made for next year's lease.  |
|   |  | b. More women in the executive committee   | 3                   | Women had to be strongly encouraged to take more responsibilities.                                     |
|   |  | c. Focused working groups in place   | 3                   | Integrate more people from outside the executive board to participate in working groups.               |
|   |  | d. Internal regulations  | 3                   | Complete the internal rules on conflict of interest and avoiding political pressures.                  |
|   | 4. Implementation of tool banks                | Only one bank was planned, but two others were quickly opened to meet the demands of the community | 2                   | Due to the first success more tools had to be found.   |
|   | 5. Health activity for youth                   | 250 youth were engaged during the summer   | 3                   | ASDECA is capable of raising the awareness of youth on issues of responsible sexuality.                |
|   | 4. Capacity building of the association        | Training and workshops were held on different topics to help the association                       | 3                   | Activities had a positive impact on the development of the association. Has to be continued next year. |

**Purpose Statement (SO) #3:** Public and private health care service providers collaborate to provide increased quality and range of services in response to community health needs

| Objectives  | Achievements   | Comments on Progress  | Rating <sup>1</sup> | Main lessons learned/ Recommendations <sup>2</sup>   |
|---|--|---|---------------------|--|
| MSPP/MOH demonstrates increased level of support to ASDECA.   | 1. Appointments made to meet with MSPP representatives to introduce ASDECA.              | Several attempts made to meet with appropriate MSPP personnel. Also, since January 2002, there has been no MSPP rep for the Diquini area. | 4                   | Cannot depend on partnership with the MSPP. Continue to seek audience with MSPP.   |
| Increased level of cooperation/ teamwork between FFP and AH to increase the quantity/quality of health care services in the project region. | 1. Increased partnership with AH in IMCI and RH.   | Reference made in first Annual Report to the fact that FFP will not be participating in a partnership (other than referrals).             | 3                   | Close collaboration is necessary with AH to improve community-oriented philosophy.<br><br>Continue to provide assistance to AH in seeking additional funding sources for community-based initiatives.  |
|   | 2. Improved relations and partnership between the TBA Association and AH.                | TBA Project is practically completely under the care of the AH.   | 3                   |  |
|   | 3. Assisted AH in draft proposal to MSH for continued funding of HAS through AH.         |   | 3                   |  |
| MSPP strategy for UCS public / private collaboration and decentralization of health care services achieved.                                 | 1. Collaboration with MSPP   | MSPP provides some supervision to health care services.   | 3                   | Work to ensure continued supplies to ASDECA once the project ends. Recommend that ASDECA start the process to be recognized by the MSPP.<br><br>Refresher course will be organized regularly according to recommendations of field supervision |
|   | 2. Provision of supplies from MSPP (condoms, VACs, vaccines, etc.)                       | On-going  |                     |  |
|   | 3. Continued preparation of future health cadre for public/private health care services. |   |                     |  |
|   | a. Nutrition training  | Training is completed but it will repeated as a refresher course next year.   | 1                   |  |
|   | b. IMCI training   | Training done with the assistance of the MOH.   | 1                   |  |
|   | c. Refresher course: RH, immunizations, community animation                              | ADRA is part of a MOH team to improve implementation modules for C-IMCI.  | 1                   |  |
| <b>COMMUNITY PARTICIPATION in HEALTH OUTREACH</b>   |  |   |                     |  |
| School health ed  | On-going   | ASDECA member assoc's enthusiastic about engaging in responsible sexuality for adolescents  | 3                   |  |
| Mothers' / Fathers' Clubs   | On-going   | Activities very much appreciated by the   | 3                   | New enlightenment on gender-related issues requires an emphasis to   |

|                 |   |  |   |  |
|-----------------|---|--|---|--|
| Rally posts     | On-going                                      | community.<br><br>Good attendance continues; FGDs indicate the mothers value these activities above all else and are willing to pay a small fee to ensure they <i>continue</i> | 6 | be placed on Fathers' and Youth Clubs. Some discussion groups to reinforce women's self-esteem will be introduced.<br><br>Some small rally posts were held to increase the % of women immunization |
| TBA - follow-up | On-going                                      | Good relationships established between: TBAs, field staff, hospital, ASDECA  | 2 | TBAs' enthusiasm resulted in the establishment of their own association. Strengthening needed.   |
| - training      | Training in social marketing of ORS completed | Referral system improved<br>This training done in collaboration with PSI   | 6 | A plan to implement this activity was made for the next fiscal year. The first stock of ORT will be given by MSH   |

<sup>1</sup> **Rating scale:**

- 1: fully achieved
- 2: largely achieved
- 3: partially achieved
- 4: achieved to a very limited extent
- 5: not achieved
- 6: too early to judge

<sup>2</sup> More comprehensive recommendations are mentioned in the narrative.



ADRA Haiti

## **Annual Report 2001-2002**

### **Child Survival Project XVI**

This project has the difficult task of meeting reporting requirements of two different donors, DFID and USAID. In order to accomplish a thorough report for both entities, a combination of the two guidelines was first outlined to avoid the arduous task of producing two major reports. Although it is noted that a preference exists for the confinement of the achievement of specific activity plans to a concise summary sheet, some of these activities remain in the narrative for clarification of new activities leading to significant accomplishments. Furthermore, some aspects of this program, by nature, appear to be more service oriented. In the past, Child Survival activities, particularly those of ADRA Haiti tended to be direct provision, but phase-out plans of this project strive to achieve sustainability of certain specific key activities by other entities (ie, ASDECA and the Adventist Hospital).

## **II. MAIN ACCOMPLISHMENTS**

### **A. ASDECA – Strengthening Civil Society**

The *Association pour la Sante et de Developpement de Carrefour* (Carrefour Health and Development Association) was born after a long period of mobilization and preparation at the end of the fiscal year 2000-2001. During the fiscal year 2001-2002 it grew and developed remarkably in many respects.

#### **1- Increase in Membership**

In the beginning of October 2001 the association had nine registered members. Currently, it has 27 regular members registered (see Attachment A). This increase is due to the promotional work done by the association at the community and institutional level. At the beginning of the project year this progress was slow. Various local associations and groups wanted to participate in some activities of ASDECA but didn't see the necessity for paying membership fees. When ASDECA implemented a strategic planning activity, all members and interested parties were invited to participate. It wasn't until they saw progress being made by ASDECA, in planning and activities, that they began to have enough confidence in the association to agree to participate fully as paying members. Another determining factor affecting the acceleration of membership growth was a clarification made by ADRA that only ASDECA members would be allowed to participate in trainings in the future.

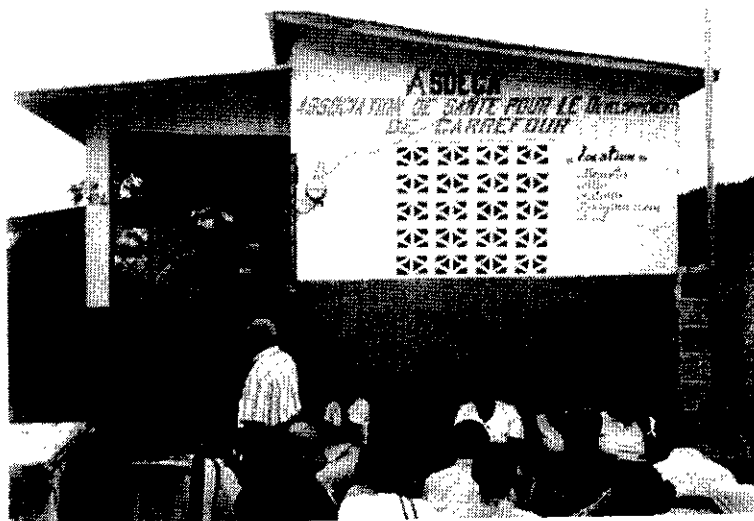
#### **The recommendation is:**

To make itself known in the community, the association will have to continue the promotion through all possible forms of advertisement: pamphlet, radio broadcast and visits to the public and private institutions.

## 2- Progress in Management of the Association

### The association accomplished the following:

- Recognition by the Ministry of Social Affairs in January 2002.
- Opening of a bank account.
- Setting up of policies and procedures (internal regulations).
- Addition of three female representatives from community women's associations to ASDECA's management committee. These women can (and do) participate in the debates and share their ideas and their knowledge, but they do not have the right to vote, since the ASDECA Constitution must be followed. They are considered advisers. It is highly likely that more women will be nominated for the Executive Board in the August 2003 election.
- Preparation of a strategic plan (see section 3.b).
- Acquisition of premises. ADRA Haiti assists by paying for a one-year lease and the association covered costs for rehabilitation of the building. It means a great deal to the association covered costs for rehabilitation of the building. This building also serves as a Tool Bank (see section 3.c). The association recognizes the need to initiate income generating activities in order to keep up with lease payments for the following years.
- Setting up of working groups (sub-committees) to manage activities of each of the following sectors: health, education, finance and micro-credit, sport and culture.
- Regular meetings of the Executive Board every 2<sup>nd</sup> and 4<sup>th</sup> Wednesday of the month. They are usually attended by the ADRA Haiti Development Coordinator.
- Reinforcement of relations with partners: The association sought to contact various local associations in order to make itself known: The Adventist Hospital, other community associations and the Ministry of Public Health.



*Inauguration of ASDECA's office*

### The recommendations are that:

- ADRA Haiti will have to continue to support the women's groups so that their voice can be heard more.
- other members of the association should be integrated into the working groups which are mostly



composed of the members of the Executive Board. That would enable more members of the association to participate in all the activities. That would also relieve the Executive Board which is called upon for too many different activities.

- the policies and procedures (internal rules) need to be completed, namely those pertaining to conflict of interest and influence of political pressures.
- ASDECA establish the Consultative Council as stated in the Constitution.
- the association hold quarterly meetings with the general assembly as planned. ADRA Haiti strongly recommends that these meetings be held regularly and ensures support for their organization. These meetings will be a good means of reinforcing the cohesion and encourage better involvement of all the members.
- ASDECA give more consideration to the activities of each association in its work plan. They have to endeavor to become better acquainted with each association and support them in their respective activities.

### **3- Activities Undertaken by the Association**

The sociopolitical situation of Haiti fosters a climate of mistrust where insecurity prevails, making it difficult to have the right attitude. However, positive change in attitudes is observed within the association. It cannot be measured quantitatively but it is very important for the well-being of the association. Therefore, all the members of the association and especially those of the Executive Board should be congratulated for their willingness and commitment to work together in a society where everyone wants to survive on their own and to take the time one hour a week to meet together and put aside their own primary needs.

#### **3.a Promotional Activities**

They are of the utmost importance considering the context of mistrust referred to above. They took a lot of the members' time and particularly the Executive Board. Promotional activities were aimed at other associations of the community. For example, during a village festival of Saint Rock (a sub-division of Carrefour), ASDECA members took the opportunity to distribute brochures about their organization which included health messages about AIDS prevention. This was an activity initiated on their own accord.

ADRA Haiti also facilitated the promotion of ASDECA and forged links with other institutions such as the Adventist Hospital, the Ministry of Public Health, the Adventist Radio and TBAs of the community. ASDECA was interviewed by the radio program manager, giving them opportunity to describe their association, objectives and activities for the benefit of listeners of 4VVE. The same information was relayed to the other entities through face-to-face meetings. Now, when the Adventist Hospital engages in community outreach activities, ASDECA is informed prior to. For example, when the newly rehabilitated Maternal Clinic was inaugurated, the ASDECA President was invited as a representative of the community along with some clients.

At the community level, ADRA health agents also promote ASDECA through home visits, rally posts and different clubs. This includes the distribution of promotional brochures on the Tool Banks.

### 3.b *Trainings and workshops*

ASDECA participated in a series of trainings and workshops organized by ADRA Haiti for their benefit.



*Strategy Planning session of ASDECA*

- A workshop was organized with the help of an external consultant paid by ADRA UK. The objective was to help the association in the preparation of its strategic plan. It was an enriching experience in many ways. The consultant used an "appreciative inquiry" approach. The participants remarked on their appreciation for the opportunity to share their opinions and for helping them to understand the importance of unification for progress and success of the association. They prepared a

plan and conceived several projects: a tool bank, youth support group during the summer and a micro-credit project.

It was revealed in this workshop and confirmed in all the meetings held with the association, that for the time being, they are particularly interested in activities focusing on improving the economic situation of the community. Their interest in health and other sectors remain, but the key focus is on economics.

- A training on the **management of a tool bank**  
This training resulted in the formulation of a work plan and the writing of the regulations for the management of the tool bank. The training included design of forms; financial and accounting management (see paragraph 3.c).
- Training on the **management of a credit project**  
One of ASDECA's planned activities includes a *magazin communautaire* (community store). One of the preparatory steps included training to help the association design a business plan for the establishment of the community store.
- Training for **principals and teachers** was held in August on the theme of "responsible sexuality" for adolescents of 12 years of age and more. ADRA Haiti has raised the awareness of the association on the problem of the increase of prevalence of early pregnancies and sexually transmittable diseases (such HIV/AIDS) among teenagers. Through its strategic plan, the association chose to implement a health education program for young people through its member schools. As a result, 28 teachers were trained. Together with the health working group of the association and ADRA Haiti, plans were

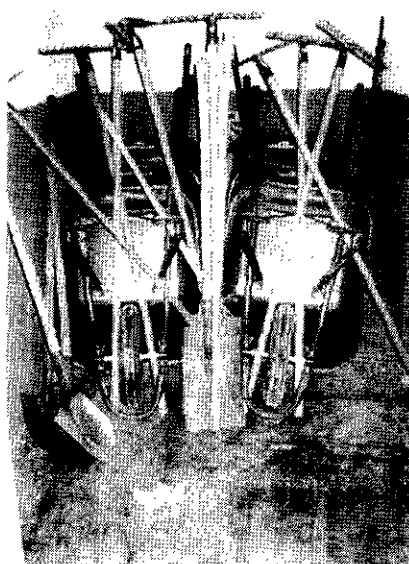
prepared for a peer education project. This training was given by *Fondation pour la Santé Reproductive et l'Education Familiale* (FOSREF – Foundation for Reproductive Health and Family Education), an NGO partner of ADRA Haiti, that specializes in this topic and training for youth.

- Training on **creativity** – A team from the Education 2004 Project, USAID Local Mission assisted in this training. ADRA Haiti decided in favor of this training to assist the association in resolving their interpersonal problems and overcome certain cultural expectations. This training was to help them think positively and more creatively and give them the necessary weapons to surmount the numerous barriers they face in the community. This training was profitable and practical, teaching team building skills, raising self-esteem and -awareness, building confidence, how to identify internal and external resources, conflict resolution, how to positively battle internal/reverse discrimination.

During this training, the consultant included a practical field visit to *Agence de Coordination et de Jonction en Action Communautaire* (ACJA – Coordination Agency for Community Action) a local association that has been in urban development since 1984 and is supported in part by CIDA and a private Canadian NGO. The participants benefited a lot from this activity. It was an exciting time for ASDECA to be introduced to a similar organization as itself and ACJA shared their many experiences since their inception. They are working in an area that has a socioeconomic profile similar to that of ASDECA. It was interesting to discover that many of their activities are quite similar to those of ASDECA and include, a *magasin communautaire*, literacy, micro-credit bank for women, vocational training (sewing). The two associations have agreed to remain in contact, share experiences and lessons learned and build a strong relationship.

### 3.c The Tool Bank

The concept of this initiative was a result of many discussions around the topic of garbage and sanitation problems in the streets and canals. The community complained that they didn't have the tools necessary to clean trouble spots. The concept continued to broaden to include ways of assisting the community in a more far-reaching way. The objective of this tool bank is to make it possible for the community to obtain tools at a reasonable price for work and for personal use. ASDECA set internal rules for the management of the bank. The bank is controlled by a management committee composed of a coordinator, secretary, treasurer and two advisors.



The tools were donated by ADRA Haiti. A one-year contract pertaining to the profits generated by the rental of tools was signed between ASDECA and ADRA Haiti. 50% of the generated profits return to ADRA Haiti and the remaining 50% are used to cover the administrative expenses of the association and to renew the lease of their new office. The first bank was

inaugurated on July 30, 2002 in the community of Bergamoth. It took one month to finalize the process. The bank operates five days a week since the beginning of September. Once the news got out, there were other areas that requested the same access. At their request, two more banks were established in the middle of September: one in Cote-Plage and another in Mahotiére. One of the school principals (and ASDECA member) offered storage room for the tools. Volunteers, under the supervision of the management committee, operate the banks. The association hopes to find the means to offer a small salary to hire an employee. It's too early to give a financial report for the tool banks.

### *3.d Summer activities for youth*

Different association members of ASDECA organized activities for young people of the community. During August and September, they invited about 250 young people to participate in general sports activities such as soccer and social games. Seven association members took the opportunity to offer the youth a health education corner. Presentations were made about AIDS and sexually transmitted diseases. ADRA Haiti offered small tokens to encourage the children who could answer health questions correctly. These small awards included school supplies, notebooks and pencils.



*Prizes being awarded to children who participated in the health quiz competition.*

### *3.e Participation in Child Survival community activities*

The association has assisted, primarily in mobilization, with community activities, announcing the engagement of rally posts, health education sessions and encouraging people (both men and women) to attend. ADRA facilitates quarterly meetings between ASDECA, TBAs and health agents to create links, build relationships and coordinate the various community activities.

## **4- Regular General Assembly**

The association convened its first annual assembly on August 30, 2002. Most of the associations were present (19 out of 27 registered). Everything went smoothly. ADRA Haiti was invited. The members were fully satisfied with the way the association is run and no major problems were raised. It must be said that the different members followed closely the progress of the association. There were some questions raised about the financial report that needed clarification. The Assembly was inquiring about the donations made to ASDECA by ADRA Haiti, including the tools for the banks and trainings. Another issue that was raised was the presence of four more women in the Executive Board. It was explained that it was important to give the women more voice in the association, but that they did not have voting rights, in accordance with the Consitution. The fact that the Assembly felt comfortable enough to raise these issues, is a good example showing that their Constitution is effective and respected. Finally, the association expressed an interest to have more income generating and literacy activities for the community, and indeed this is a great need of the Haiti community at this time.

### **Recommendation:**

The association should advise its members of the next annual assembly earlier in order to get more participation. It should also communicate its work plan in advance so the members can

have time to think about it and participate more effectively.

## **5- Phase-out Plan**

ASDECA is perfectly aware that the CSP deadline is set for September 30, 2003. Members of its health committee, participated in meetings with ADRA Haiti and the Adventist Hospital to discuss exit/phase-out plans for September 2003 (see section II .1).

## **6- Perspectives for the Future**

The Association presented its annual workplan at the regular general assembly (see Attachment B). The major points are described below:

### *6.a Tool Bank*

The Association wants to continue with these banks in three locations. It expects to advertise more. ADRA Haiti intends to follow this activity closely and will help the Association in its endeavor to obtain other tools from the Ministry of Agriculture and the Japanese Embassy.

### *6.b Credit projects*

Community Store: Funds for this activity were received from ADRAUK at the end of September. ADRA Haiti and HQ will be assisting in the planning of this activity. The objective is to make available staple foods at a reduced price in the community. Food is to be purchased from a retailer and brought to the community. It will then be sold at affordable prices that allow only enough profit for the sustainability of the system.

Credit Bank: ASDECA is exploring various funding sources for a credit bank. Women will be the bank's key beneficiaries. Their plans are still in the conceptual stage.

### *6.c Health education program in the schools*

This program is a big challenge for ASDECA. It's a peer education health activity that the Association really wants to see succeed (see section 3.b).

The Ministry of Education is preparing a plan to integrate health education in the schools. ADRA Haiti has already contacted those in charge of this program in order to look at the possibility of integrating the school members of the Association in this program of the Ministry.

### *6.d Health Days*

ASDECA expects to participate in four big health days for the next year. These days will be the occasion of a special community mobilization and include: December 1<sup>st</sup>-International HIV/AIDS Day; March 8<sup>th</sup>-International Women's Day; May-Mother's Day; and June-Children's Day. Apart from December 1<sup>st</sup> for which the theme will be HIV/AIDS, the other health themes will be chosen subsequently. ASDECA will also be involved in an immunization campaign in the first quarter of the project year organized by ADRA, Adventist Hospital, ASDECA in the community.

Related to this are activities ASDECA would like to engage in the week prior to the Carnival in February. This is a cultural festival that takes place annually in which there are a lot of parties,

parades, dancing and music. ASDECA, with ADRA's support, would like to carry out intensive health education on the dangers of STDs/HIV/AIDs during this time inclusive of the distribution of condoms.

#### *6.e Promotional activities*

ASDECA will continue with its promotional activities to make its association better known by the community, civil authorities and MOH.

### **B. Other Mobilization and Training Activities**

The following report was prepared with the help of the project technical team, particularly the field staff, during a workshop held in September 2002. They would like this document to reflect what they consider the most important accomplishments of the project, its weak points as well as its projections for the next project year. It is not a comprehensive look at all project activities, but is an emphasis on those aspects deemed most significant by the project staff. All other routine activities continued as normal.

1- One of the strongest points highlighted by the field staff is the importance of **the mothers and fathers' clubs** for them and the community. The objective of these clubs is not only to train the beneficiaries, but also to bring about a change in the behavior of the mothers in the community in terms of taking charge of their health and that of their children and taking initiative to obtain the appropriate and necessary medical attention. The first step towards organizing clubs begins with awareness building of health issues and the concept of clubs during home visits and rally posts. Once the awareness reaches a certain level and there is enough interest generated by a certain number of people (between 5-20), mothers and fathers are enrolled in respective clubs. There are a variety of clubs members may join that include ones for pregnant and lactating women, women in general, youth and men. Health agents educate participants using culturally appropriate techniques (songs skits, lectures, etc.). All health topics of the CS



*Pregnant and Lactating Mothers' Club after a lesson on family planning.*

project are discussed in these clubs (nutrition, immunizations, family planning, acute respiratory infection, all aspects of reproductive health). After a six month cycle of health sessions, a major graduation ceremony takes place.

The health agent not only trains but also plays the role of a catalyst. These meetings provide the opportunity to share experiences and discuss ideas. People can talk about community problems and

come up with solutions. These clubs also foster changes in the personal interactions between women in the clubs. They help to facilitate a spirit of mutual-help and solidarity and a desire to share their knowledge.

These clubs will continue to use the same approach to assist the community in taking charge of their families' health.

**2-** Another strength is evident in better **integration of TBAs** at all the levels of the project. There is a closer collaboration between TBAs and health agents in the field and between TBAs, ASDECA and the Adventist hospital. This was made easier when the TBAs decided to create their own association. ADRA Haiti, with ASDECA, will assist the TBA Association to design a strategic plan and organize themselves.

**ASDECA** – The new TBA Association has also become a member of ASDECA, who is playing an important role in promoting the TBAs in communities and assisting them through the process of recognition by the Ministry of Social Affairs.

**Health Agents** - Health agents and TBAs are meeting every three months as a group (besides their individual interactions in the field) to reacquaint, engage in mutual feedback on clients and community problems.

**Hospital** - Integration of TBAs with the hospital will continue to be facilitated and strengthened through the establishment of a marketing program for ORS and other services (see section II-1). TBAs have already received training on social marketing of ORS through a collaboration with *Program de Santé et Information* (PSI - Program for Health and Information).

**3- Mobilization of Women's Groups.** ADRA Haiti registers 25 women's groups in the project area (but may not be exhaustive). A strategy was developed to reach these women's groups apart from men's groups for the exclusive participation of women. It seems that some women's groups are often usurped by men. If invitations are extended to the groups, oftentimes men arrive at meetings as their representatives. Sometimes when joint meetings are held, women are too shy to voice their opinions and in general the interests are not the same. The meetings facilitated by ADRA have become a safe place where women can meet and exchange ideas. Meeting topics have included a variety of issues within reproductive health. During the meetings, ADRA introduced and promoted ASDECA, and as a result some groups have joined the consortium.

These mobilization activities and health education sessions will continue throughout the following year.

**4- The other community activities** went on normally through rally posts, home visits, community mobilization days and the FDN.

**5- Refresher trainings** are another strong point appreciated by the field staff because administration has taken the time to adapt curriculum to their specific needs. In general, refresher trainings this year have covered nutrition and responsible sexuality. Upon the request of the field staff, training in first aid techniques and other topics will be provided next year.

**6- The reproductive health activities** are considered by the staff to have both major strong and weak characteristics. In the area of health education and also in community mobilization, it is appreciated at all levels: Mothers' and Fathers' Clubs, home visits, rally-posts, schools, etc.

However, its activities were constrained by:

- The unavailability of some contraceptive supplies such condoms in the community. Condoms are provided free of charge by the MOH. To date they have given no valid explanation to explain this shortage in the Carrefour area.
- Complaints about the side effects of the Depoprovera contraceptive methods.
- The lack of a favorable place for the young to discuss their sexuality.
- Barriers to women taking charge of her own sexuality (for example, lack of self-esteem, self-confidence and informed choice and the machismo culture). During the workshop, this topic was clearly underscored as a major issue and hindrance to the advancement of responsible sexuality.

Several strategies will be used to address these challenging issues next year.

- Trainings on gender issues for all levels is being planned; first with field people and then with civil society (ASDECA, Mothers' and Fathers' Clubs, womens' groups, schools). ADRA plans to invite a consultant from a local NGO (*Kore Fam* – Creole name) known for addressing gender issues and womens' rights in Haiti.

**Special efforts will be made to reach the men and youth:**

- Reinforcing Men's Clubs by promoting them for the increase in enrollment. Intensive recruitment by going to popular hangouts (for example, where men often play dominoes and cards).
- Sessions will include all topics of health and not just reproductive health. In addition, there will be special graduations for men who follow the new curriculum and pass an exam.
- Awareness days in the community, targeting men specifically. Emphasis will be placed on gender issues.
- Awareness program for youth: this a project to be taken up by ASDECA. A counseling unit to welcome young people confidentially will be set up at the level of the Adventist Hospital.
- Establishment of satisfied clients' clubs in the area of family planning and will even include men. These clubs already exist at the institutional level (Adventist Hospital). They will be put in place in the community with the goal of overcoming misunderstanding and complaints of contraceptive side effects and providing alternatives.



### III. ADDRESSING RECOMMENDATIONS of the MT EVALUATION

1- In collaboration with key local partners (including ASDECA, the Ministry of Public Health and Population, the Adventist Hospital), USAID, ADRA UK and ADRA International, the project staff should develop a comprehensive, time-sensitive strategic plan to ensure a smooth transition into the post-CS XVI phase in October 2003. (Note: "The ADRA International Health Program Sustainability Strategy, now being developed, will be shared with all ADRA Country Offices with health portfolios to encourage its adoption..." DIP, p 38)

The local partners of the Child Survival Project are aware that the current grant ends in September 2003. Once more this subject was on the agenda during the mid-term evaluation in March 2002 it is difficult to talk to the local community about this topic, for they usually think that ADRA Haiti would have no problem to find another grant.

ADRA Haiti took the initiative to call for a meeting with some local partners of the project in order to think and develop a phase-out plan for the project. To date those involved in the meeting are ADRA Haiti, the Adventist Hospital and the ASDECA association. It is important to point out that the Ministry of Health has not have a full-time representative in the commune of Carrefour since the beginning of the year 2002.

- As a result of coordinating meetings for the phase-out plan, the management and follow-up of TBAs has moved from ADRA Haiti to the Adventist Hospital. These TBAs meet at the Adventist hospital every month. They are supervised by the staff of this institution and receives their reports, ensures the continuing education and provides delivery kits and ORS needed. The hospital received a complementary grant for training 20 additional TBAs and provision of delivery kits (from MSH).

TBAs attend monthly meetings regularly at the hospital. In addition, the hospital has put in place a strategy allowing TBAs to refer all at risk pregnant women to the maternal and child health clinic. The hospital also has adapted consultation fees for pre- and post-natal patients from the community. An adjustment has also been made in the cost of deliveries. However these prices are still too high (H\$500). The hospital has no available subsidy for this and we cannot expect any immediate improvement in this area.

- A plan was made for the management of other **community health activities** at the level of ASDECA: health days, health education in some schools (see section A.1 to 6).
- A plan for the **management of the rally-posts** is in progress. In this context, ADRA Haiti has organized several focus groups in the community to find out how the beneficiaries perceived the exit of the Child Survival project from the territory. One of the points is that the mothers interviewed agreed to contribute a small amount to maintain the rally-posts in their area. These rally-posts provide the following: some services for the mother such as immunizations, weighing of children and so on...and specially enabling them to lose less time in their daily activities.

Two other possibilities are under consideration: 1. The Adventist hospital will present a budget to MSH to determine to what extent they would be willing to cover the salary of the field personnel. 2. ASDECA has taken the initiative to build a relationship with the MoH (on several occasions) to gain their recognition and confidence to play a more important role in the community. This is a very long process.

2- Building on current accomplishments and the existing community infrastructure, the project staff should actively seek external funding to support selected activities such as micro-enterprise development (micro credit, social credit or other income-generating activities) and improved environmental health. (See DIP, page 37 regarding potential support from ADRA International headquarters. The project staff should continue to explore local agencies including ACME, ECCO, and the local USAID Office as suggested by Dr Y M Bernard. ADRA/Haiti is preparing to respond to a Request For Proposal for a micro credit program from ADRA/UK).

During the month of September 2002 ADRA Haiti received a grant from ADRA-UK to set up a tools bank, a credit project with ASDECA for the community store and women's small-credit in the form of community banks.

3- Continued support, technical and management assistance should be extended to the community health association, ASDECA to make it a strong, and viable community resource

This recommendation is fulfilled satisfactorily (see section A.1 to 6).

## List of ASDECA's members

| Organization / Names    | Activities                   | Responsible              | Address          |
|-------------------------|------------------------------|--------------------------|------------------|
| 1. ASCOSADEC            | Health Center                | Rachelle Georges         | Source Corrossol |
| 2. CSBMC                | Health committee             | Fénéus Elvé Paul         | Bergamoth        |
| 3. CSCH                 | Health committee             | Milien Anthony           | Chaud'eau        |
| 4. AMFC                 | TBA Association              | Méréland Marie-Léonne    | Carrefour        |
| 5. AFVC                 | Women's Group                | Argant Aliette           | Bizoton          |
| 6. OTKF                 | Women's Group                | Jose Rosena              | Fontamara        |
| 7. MFVM                 | Women's Group                | Dessources Ariana        | Mahotiére        |
| 8. COROMARTS            | Women's Group                | Sanon Marie – Fausy      | Fontamara        |
| 9. RNDR                 | Women's Group                | Parnelle Laurent Dérival | Route Rail       |
| 10. Adam Smith          | School                       | Gédillaume               | Diquini          |
| 11. COFATESS            | School                       | Leuder Jn Pierre         | Mahotiére        |
| 12. Bon Berger          | School                       | Ductan Duronel           | Tunnel           |
| 13. Ecole Pasteur Menes | School                       | Pastor Menes Michel      | Chaud'eau        |
| 14. Pradel Pompilus     | School                       | Pierrot Gaston           | Mon repos        |
| 15. Nouvelle Génération | School                       | Myrtil Paul              | Diquini          |
| 16. KJB                 | Alphabétisation              | Désir Jean Jacques       | Bizoton          |
| 17. OJDCP               | Cultural/<br>Alphabetization | Benoît Laurore           | Côte-Plage       |
| 18. ASPD                | Cultural                     | Joseph Sinclus           | Chaud'eau        |
| 19. APDB                | Cultural                     | Bernadin Pier-Louis      | Bizoton          |
| 20. AKG-12              | Cultural                     | Eloi Jacques             | Bizoton          |
| 21. OCMB                | Cultural                     | Jean Renel               | Bas-Tannerie     |
| 22. KJPDB               | Cultural                     | Joseph Wilkins           | Bizoton          |
| 23. AJED                | Cultural                     | Thomas Villard           | Chaud'eau        |
| 24. FEBPE               | Cultural                     | Ducasse Jean Frantz      | Mon repos 48     |
| 25. CAN                 | Cultural                     | Pierrot Laguerre         | Carrefour        |
| 26. AFACDC              | Church                       | Pastor Evener Tourteau   | Thorland I       |
| 27. Eglise par la fo    | Church                       | Jean Germain Jonas       | Thor             |
| 28. OFHDC               | Orphanage                    | Alexis Margareth         | Lamentin         |

**ASDECA Work Plan  
August 2002-July 2003**

| Activities                                  | Aug<br>8/12/02 | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun | Jul | Remarks |
|---|----------------|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|---------|
| Ordinary assembly                           |                |      |     |     |     |     |     |     |     |     |     |     |         |
| Promotional activities:                     |                |      |     |     |     |     |     |     |     |     |     |     |         |
| 1. Women groups                             | *              |      |     | *   | *   |     | *   | *   |     | *   | *   |     |         |
| 2. Others associations                      |                |      |     |     | *   |     | *   | *   |     | *   |     | *   |         |
| 3. School                                   |                |      |     |     | *   |     | *   |     |     |     |     |     |         |
| 4. Representative of government             |                |      |     | *   |     | *   |     |     | *   |     |     |     |         |
| 5. Notable                                  |                |      | *   |     |     | *   |     |     |     |     |     |     |         |
| 6. Radio broadcast                          | *              |      |     |     |     |     |     |     |     | *   |     |     |         |
| 7. MOH                                      |                | **   |     |     | *   |     |     |     |     |     |     |     |         |
| Meeting with all members                    |                |      |     |     | *   |     |     | *   |     |     | *   |     |         |
| Tool bank                                   | *              | *    | *   | *   | *   | *   | *   | *   | *   | *   | *   | *   |         |
| Community Store                             |                |      |     | *   | *   | *   | *   | *   | *   | *   | *   | *   |         |
| Health days                                 |                |      |     |     | *   |     |     | *   |     | *   | *   |     |         |
| Immunization campaign                       |                |      | *   | *   | *   |     |     |     |     |     |     |     |         |
| Health education in schools                 |                |      | *   | *   | *   | *   | *   | *   | *   | *   | *   | *   |         |
| Update of the strategic plan                |                |      |     |     | *   |     |     |     |     |     |     |     |         |
| Survey of the activities of all the members |                |      | *   | *   | *   |     |     |     |     |     |     |     |         |
| Activities for Youth support                | *              |      |     |     |     | *   |     |     |     |     |     | *   |         |
| Committees                                  | **             | **   | **  | **  | **  | **  | **  | **  | **  | **  | **  | **  |         |
| Meeting with ADRA                           | *              | *    | *   | *   | *   | *   | *   | *   | *   | *   | *   | *   |         |
| Preparation of the assembly                 |                |      |     |     |     |     |     |     |     |     | *   | *   |         |